

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

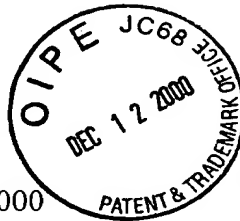
In re application of:

Nicos A. Vekiarides

Appl. No. 09/664,499

Filed: September 18, 2000

For: **Internet Protocol Data Mirroring**



Art Unit: 2176

Examiner: To be assigned

Atty. Docket: 1942.0040000

**Request for Corrected Official Filing Receipt**

Commissioner for Patents  
Washington, D.C. 20231

Attn: Office of Initial Patent  
Examination's Customer  
Service Center

Sir:

Applicant hereby requests that a corrected Official Filing Receipt be issued and sent to the undersigned representative. Specifically, the following corrections to the Official Filing Receipt are requested:

**In the Applicant(s) section, please delete "Nekiarides" and insert --Vekiarides-- therefor;**

In support of the above request, a photocopy of the instant Official Filing Receipt is enclosed with the corrections noted in red. It is requested that a corrected Official Filing Receipt be issued, and sent to the undersigned at the earliest possible time.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. A duplicate copy of this pleading is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Robert Sokohl  
Attorney for Applicant  
Registration No. 36,013

Date: 12/12/00

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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/664,499	09/18/2000	2176	1182	1942.0040000	23	43	4

Sterne Kessler Goldstein & Fox PLLC  
1100 New York Avenue NW Suite 600  
Washington, DC 20005-3934

## FILING RECEIPT



\*OC000000005547573\*

Date Mailed: 11/13/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

*VeKiarides*  
Nicos A. ~~Nekiarides~~, Dedham, MA ;

## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 11/10/2000

## Title

Internet protocol data mirroring

## Preliminary Class

707

TC 2100 MAILROOM

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NOV 15 2000

*MA*  
*RES*  
*JSW*

*11/15*  
*11/15 MB*

Data entry by : SCOTT, JOSEPH

Team : OIPE

Date: 11/13/2000



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The title may be truncated if it consists of more than 600 characters (letters and spaces combined).
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Any corrections that may need to be done to your Filing Receipt should be directed to:

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/664,499	<b>FILING DATE</b> 09/18/2000 <b>RULE</b> -	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2176	<b>ATTORNEY DOCKET NO.</b> 1942.0040000	
<b>APPLICANTS</b> Nicos A. Vekiarides, Dedham, MA ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/10/2000</b> -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Sterne Kessler Goldstein & Fox PLLC 1100 New York Avenue NW Suite 600 Washington ,DC 20005-3934					
<b>TITLE</b> Internet protocol data mirroring					
<b>FILING FEE RECEIVED</b> 1182	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		